

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>[Signature]</i>		7/12/00
O.I.P.E. CLASSIFIER		8	7-19-00
FORMALITY REVIEW		67503	9-21-00
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral)... Canceled A Appeal
 +- Restricted O Objected

Claim	Final	Original
1	✓	8-11-01
2	✓	✓
3	✓	✓
4	✓	✓
5	✓	✓
6	✓	✓
7	✓	✓
8	✓	✓
9	✓	✓
10	✓	0
11	✓	✓
12	✓	✓
13	✓	✓
14	✓	✓
15	✓	✓
16	✓	0
17	✓	✓
18	✓	✓
19	✓	✓
20	✓	✓
21	✓	✓
22	✓	✓
23	✓	✓
24	✓	✓
25	✓	✓
26	✓	✓
27	✓	✓
28	✓	✓
29	✓	✓
30	✓	✓
31	✓	✓
32	✓	✓
33	✓	✓
34	✓	✓
35	✓	✓
36	✓	✓
37	✓	✓
38	✓	✓
39	✓	✓
40	✓	✓
41	✓	✓
42	✓	✓
43	✓	✓
44	✓	✓
45	✓	✓
46	✓	✓
47	✓	✓
48	✓	✓
49	✓	✓
50	✓	✓

Claim	Final	Original
51	✓	7-19-00
52	✓	11-29-00
53	✓	4/26/03
54	✓	7-14-03
55	✓	5/31/07
56	✓	5/30/04
57	✓	✓
58	✓	✓
59	✓	✓
60	✓	✓
61	✓	✓
62	✓	✓
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80	✓	✓
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88	✓	✓
89	✓	✓
90	✓	✓
91	✓	✓
92	✓	✓
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94	✓	✓
95	✓	✓
96	✓	✓
97	✓	✓
98	✓	✓
99	✓	✓
100	✓	✓

Claim	Final	Original	Date
101	✓	✓	
102	✓	✓	
103	✓	✓	
104	✓	✓	
105	✓	✓	
106	✓	✓	
107	✓	✓	
108	✓	✓	
109	✓	✓	
110	✓	✓	
111	✓	✓	
112	✓	✓	
113	✓	✓	
114	✓	✓	
115	✓	✓	
116	✓	✓	
117	✓	✓	
118	✓	✓	
119	✓	✓	
120	✓	✓	
121	✓	✓	
122	✓	✓	
123	✓	✓	
124	✓	✓	
125	✓	✓	
126	✓	✓	
127	✓	✓	
128	✓	✓	
129	✓	✓	
130	✓	✓	
131	✓	✓	
132	✓	✓	
133	✓	✓	
134	✓	✓	
135	✓	✓	
136	✓	✓	
137	✓	✓	
138	✓	✓	
139	✓	✓	
140	✓	✓	
141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions
staple additional sheet here

Best Available Copy

(LEFT INSIDE)